

Notice of Alleged Safety or Health Hazards

For the General Public:

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the Iowa Division of Labor.

Sec 88.6(5) of the Iowa Occupational Safety and Health Act (Iowa Code) provides as follows: Any employees or authorized employee representative who believes that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the commissioner or the commissioner's authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employees or authorized employee representative, and a copy shall be provided the employer or the employer's agent no later than at the time of inspection, except that, upon the request of the person giving such notice, the person's identifying information and identifying information of individual employees referred to in the notice shall not appear in such copy or on any record published, released, or made available. If upon receipt of such notification, the commissioner determines that there are reasonable grounds to believe that such violation or danger exists, the commissioner shall make a special inspection in accordance with the provisions of this section as soon as practicable, to determine if such violation or danger exists. If the commissioner determines there are no reasonable grounds to believe that a violation or danger exists, the commissioner shall notify the employees or authorized employee representative in writing of such determination.

NOTE: Section 88.9(3) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

INSTRUCTIONS:

Open the form and complete the front page as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to the Division of Labor, 1000 East Grand Avenue, Des Moines, Iowa 50319-0209, Fax: 515-281-7995.

NOTE: It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act. Violators upon conviction, will be guilty of a serious misdemeanor (Sec 88.14(7)).

Public reporting burden for this voluntary collection of information is estimated to vary from 15 to 25 minutes per response with an average of 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.



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Establishment Name				
Site Address				
	Site Phone		Site FAX	
Mailing Address				
	Mail Phone		Mail FAX	
Management Official			Telephone	
Type of Business.				

HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

[illegible]

Has this condition been brought to the attention of:	<input type="checkbox"/> Employer	<input type="checkbox"/> Other Government Agency(specify)
Please Indicate Your Desire:	<input type="checkbox"/> Do NOT Reveal my name to my Employer	<input type="checkbox"/> My name may be revealed to the Employer

The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.

(Mark "X" in ONE box)	<input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (Specify _____)		
Complainant Name		Telephone	
Address (Street, City, State, Zip)			
Signature		Date	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name: _____ Your Title: _____